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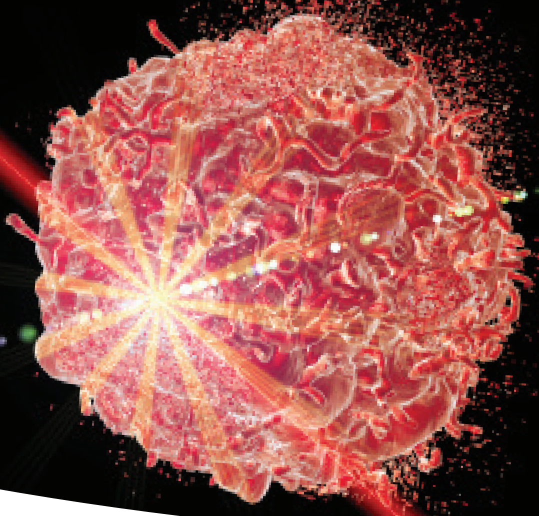


MAY 2019

Radiation Therapists

CANCER CARE IN THE SPOTLIGHT

Back in February, dozens of national and international experts met in Wellington at the 'Cancer Care at a Crossroads Conference', the largest cancer conference held in New Zealand for over 15 years.

The over-arching purpose of the conference was to discuss how to achieve high-quality, equitable, sustainable, and nationally-consistent cancer care for all New Zealanders.

A wide range of pressing topics were discussed, ranging from research priorities and global challenges in cancer control to the impact of new technological developments and the role of primary care. The conference also shone a spotlight on some major flaws with the provision of cancer treatment in our public health system.

There are pronounced inequities in outcomes based upon geography, ethnicity, and socioeconomic status. Geographical inequities are primarily driven by unsafe delays in treatment. The graph below is produced from Ministry of Health data and provides a snapshot of DHB performance over the past 12 months.

After a decade of health funding not keeping pace with population growth, inflation, and the rising costs of treatment, the foremost issues for radiation oncology are under-staffing and under-resourcing.

As the Minister of Health, Dr David Clark, put it:

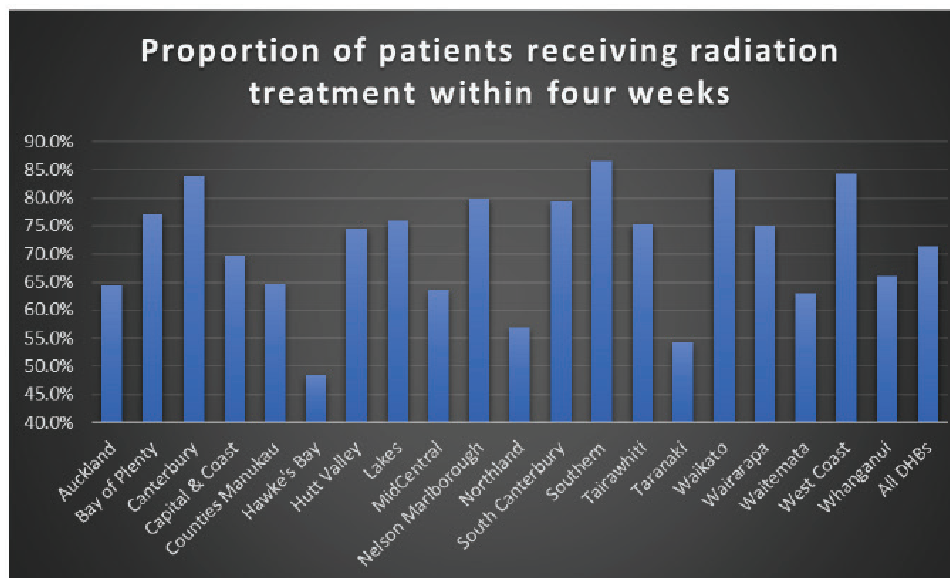
"There is an acknowledged shortage of these staff...and that's not something that can be addressed overnight...that will take years to fix."

The DHBs will have to live up to the Minister's words at bargaining if they are serious about improving recruitment and retention for radiation therapists and other cancer care professionals.

"Those staff, of course, take five to ten years to train depending on how specialised they are but it is something we are determined to put more money and effort into."

This is cause for hope. However, the only way to achieve these goals will be to deliver better pay and terms and conditions of employment. The way to do that is through the collective bargaining process.

At the Conference, the Minister announced that he was fast-tracking a new cancer action plan to address the lack of co-ordination and consistency of care across New Zealand. That process is now underway and will include specific goals for DHBs to be accountable to around standards of care, access, timeliness, patient experience and clinical outcomes. The interim plan is due this month.



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RADIATION THERAPISTS NEWSFLASH

Satellite Sites

APEX understands that investigations into building 2-3 new satellite radiotherapy sites across New Zealand are underway and building steam, although no formal proposals have been made yet.

This approach could go some way to addressing regional inequities in cancer outcomes.

However, it would also raise major considerations for staffing arrangements with any DHB seeking to implement a satellite system needing to reach agreement with APEX and the affected RTs.

MECA AND ADHB SECA BARGAINING UPDATE

The DHB bargaining teams have been disorganised and were unable to meet to begin bargaining throughout April and May. We are awaiting confirmation for dates in late June.

However, we have received a promise that the first salary increase should be backdated to the day after expiry.

FLASH: the future of radiotherapy?

Earlier this year, it was reported that medical physicists and biomedical engineers in Sweden have developed a way to modify a conventional linear accelerator for FLASH irradiation — and to rapidly restore it for clinical use without interfering with cancer patient treatment schedules.

FLASH radiation therapy employs ultrahigh dose rates from 40 to over 10^6 Gy/s, at least a few hundred times higher than conventionally used in radiotherapy, in milliseconds-long bursts.

The potential treatment advantages are significant. The impact of patient motion during irradiation would be significantly minimised, reducing the need for target margins and thereby the volume of healthy tissue being irradiated. With fewer treatments, the problem of inter-fraction motion could be minimised or eliminated. Fewer and faster treatments would also allow radiotherapy treatment rooms to accommodate more patients, significantly expanding their utilisation.

FLASH-RT may be ready for clinical testing in humans in three to five years.

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HOURS OF WORK UNDER THE RT MECA

The Radiation Therapists' MECA provides that the normal working week shall commence on Monday between 7am and 10am, meaning that where there is agreement, shifts can be rostered to start at any time between 7am-10am.

In practice, RTs have usually worked set shifts with a fixed start time. In MidCentral, for example, all RTs start work at 8am and finish at 4.30pm.

The MECA also allows for an evening shift to be run between 2pm and 7.30pm, with all RTs working the evening shift working 7 hours plus a meal break and getting paid for 9 hours' work.

Faced with mounting waitlists, many DHBs are now looking at introducing new shifts and extending their service hours to keep their linacs running longer and to ultimately treat more patients.

So, what does this move to introduce new shifts mean for you?

Your MECA provides important protections of your hours of work, while also enabling the DHB to bring about changes to service hours and days of work.

The MECA has the following stipulations:

3.4 Employees can only have their hours of work altered by agreement. Any such agreement shall be in writing. Where any proposed alteration affects the established hours of work roster, agreement must be gained from all affected employees.

3.5 Employees have the right to seek the advice of APEX or to have APEX act on their behalf before signing any such agreement.

New start times between 7am-10am

If the DHB are introducing new shift start times within the hours of 7am-10am Monday to Friday, then they need to do the following:

1. If it is an extension of service hours, including the introduction of new shifts, then a formal management of change/ consultation process should be undertaken.
2. Agreement needs to be reached with everyone affected and you need to individually agree to the change.

So, if you have only worked an 8am shift and say your DHB wants to introduce a 10am shift, you all need to agree to work that shift. APEX is involved fully in this process.

Last year at ADHB, unexpected resignations resulted in the evening shift needing to end. Management informed us that the reduced staffing capacity could not sustain the DHB's volume of patients and there was a real risk of a growing waitlist. ADHB therefore proposed temporarily running a 10am to 6.30pm shift until staffing increased and a linac

was replaced and sought our agreement.

We cooperated with the DHB on this and agreed to the shift on the basis that it would be for a fixed-term and would only be staffed by RTs who chose to work it. However, we also knew that the shift would not be popular since late starts and finishes impact on home life and parking at Auckland City Hospital is often difficult or expensive. We informed the DHB that finding volunteers to work it could be an issue. As a result, we reached agreement that the shift would run for 8 hours but the RTs would be paid for 9.5 hours. The shift has subsequently worked fine and the DHB has been able to staff it.

New start times outside 7am-10am

If the DHB wants to introduce a new shift outside the hours of 7am-10am Monday to Friday, they can only do so if agreement is reached with APEX. This applies to both temporary and permanent changes.

HOURS OF WORK UNDER THE RT MECA CONTINUED...

The MECA has the following provision:

3.9 Any of the provisions in these clauses may be varied by agreement between APEX and the DHB concerned. Such agreement shall be recorded in writing.

Management Initiated Roster Review Groups

Management at MidCentral DHB has recently established a 'Roster Review Group' made up of RT staff. We have also heard that another will be convened in Canterbury DHB. These have been initiated solely by management without any formal involvement of APEX, whereas when APEX is involved in working groups, we ensure they are run on a mutual or equal basis.

In principle, we have no issue with management introducing staff-led Reviews/Working Groups. They can be a good way for RTs to provide valuable input on the changes they would like to see in their workplace, for example, more part-time positions, greater use of flexible working arrangements, etc.

However, we still approach them with a healthy dose of scepticism. Staff-led groups or committees are often convened because they can provide a useful pretext for management to justify bringing about their own desired changes, especially on key matters like hours and days of work.

Further, although management might see convening these groups as satisfactory 'consultation', they do not displace the need for formal 'management of change' and 'consultation' processes. Nor do they over-rule the DHBs' obligations under your MECA.

Recent events at MidCentral DHB highlight these concerns. The DHB is currently proposing the introduction of several new shifts on a trial basis. They partially justified this on providing part time positions for staff and greater flexibility - which many RTs would want. However no actual part time positions are being created (management will just consider requests to go part time as is current practice).

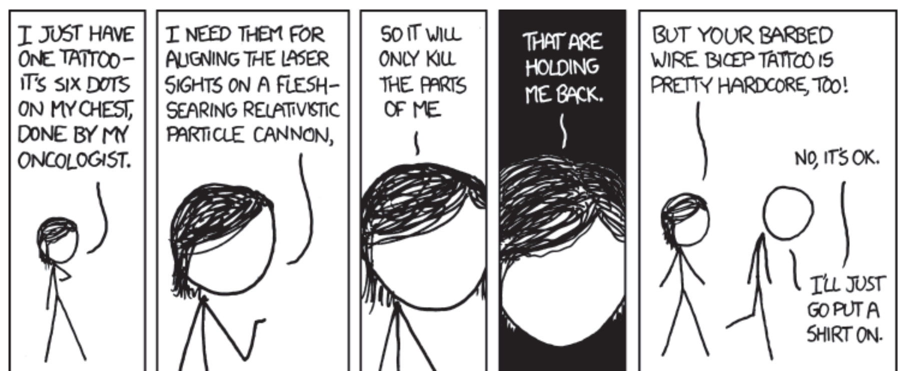
What they did propose was new shifts that start at 6.30am and 10am. When we informed MidCentral management about the agreement at ADHB that those working the 10am shift would receive additional pay, their response was that the proposal to introduce a 10am shift came from the RTs themselves, not from management. The inference was that the extra payment was not appropriate, as they were simply 'agreeing to bring in what the RTs had requested'.

We know from experience that extensions of service hours only happen when the DHB wants them, so we considered this unbelievable!

Of course, what had happened was that management had proposed it to the Roster Review Group who understood the rationale for the extension of service hours, just as APEX and the ADHB RTs had.

This is very different from the RTs proposing it or even wanting to work a 10am shift and shows why a healthy dose of scepticism about such initiatives is warranted.

If you have ideas for content, or would like to comment, please get in touch with us at **rt@apex.org.nz**



Credit: xkcd.com